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Tammy M. Yasrobi (Depositor's neuro' Tammy M. Yasrobi/ (Signatura) October 5, 2006 (Date)

 APPLICATION NO.
 FILING DATE
 FIRST NAMED INVENTOR
 ATTORNEY DOCKET NO.
 CONFERMATION NO.

 10/728,434
 12/05/2003
 Richard L. Rowe
 SFV 302
 9404

 TITLE OF INVENTION:

MILLIMETER-WAVE ACTIVE IMAGING SYSTEM WITH FIXED ARRAY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700	\$300	\$0	\$1000	10/27/2006	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
BARKER, MATTHEW M		3662	342-179000				
I. Change of correspondence address or indication of "Fee Address" (27 CTR 1.86).  Change of correspondence address (or Change of Correspondence Address form FTIOSH22) attached.  Tee Address "indication (or Fee Address" Indication form FTIOSH47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printen.		era 2	1_Kolisch Hartwell, P.C.	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE SAFEVIEW, INC. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Santa Clara. California

Please check the appropriate assignee category or categories (will n	ot be printed on the patent): 🔲 Individual 📓 Corporation or other private group entity 🚨 Governmen
4a. The following fee(s) are submitted:  2d Issue Fee  2d Publication Fee (No small entity discount permitted)  ☐ Advance Order - # of Copies	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 1: 11-1540. (enclose an extra copy of this form).

Change in Entity Status (from status indicated above)

□ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☑ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Edward B. Anderson/	Date October 5, 2006
Typed or printed name Edward B. Anderson	Projectation No. 30.154

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